

PART B - FEE(S) TRANSMITTAL

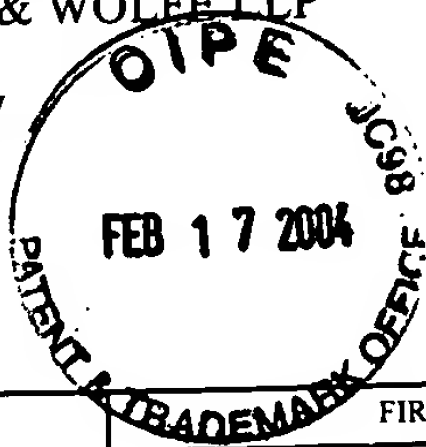
Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

24510 7590 11/17/2003
PIPER MARBURY RUDNICK & WOLFE LLP
STEVEN B KELBER
1200 NINETEENTH STREET, NW
WASHINGTON, DC 20036-2412



Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/138,091	08/21/1998	CAMELLIA W. ADAMS	9491-013-27	3668

TITLE OF INVENTION: AGONIST ANTIBODIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SPECTOR, LORRAINE	1647	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Piper Rudnick LLP
 2 Steven B. Kelber
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Genentech, Inc.

South San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1442 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) [Signature] (Date) 2/17/04
Perry E. Van Over Reg. No. 42,197 for
Steven B. Kelber Reg. No. 30,073

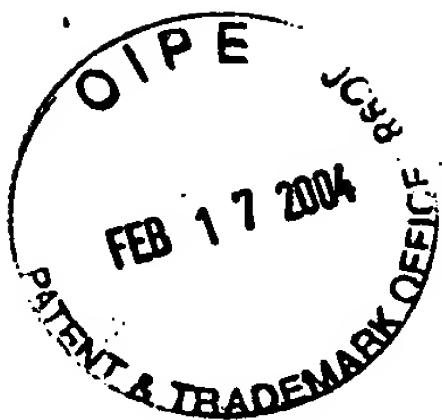
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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02/20/2004 HBERHE1 00000144 09138091
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 1330.00 OP

TRANSMIT THIS FORM WITH FEE(S)



PIPER RUDNICK^{LLP}
1200 NINETEENTH STREET, NW
WASHINGTON, DC 20036-2412
TELEPHONE: 202-861-3900
FACSIMILE: 202-223-2085

DOCKET NO.: 9491-013-27

ASSISTANT COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

Re: Serial No.: 09/138,091
Applicant(s): CAMELLIA W. ADAMS, ET AL.
Filing Date: AUGUST 21, 1998
For: AGONIST ANTIBODIES
Group Art Unit: 1647
Examiner: LORRAINE SPECTOR

SIR:

Attached hereto for filing are the following papers:

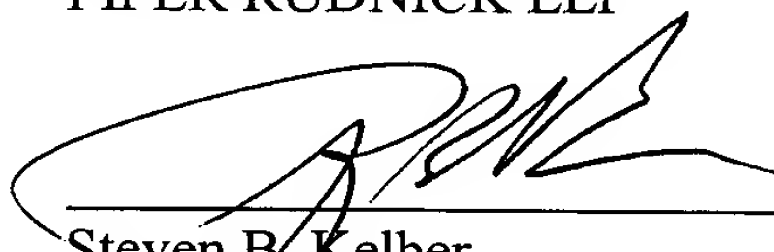
FEE TRANSMITTAL
ISSUE FEE TRANSMITTAL

Our check in the amount of \$ 1,330.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-1442. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

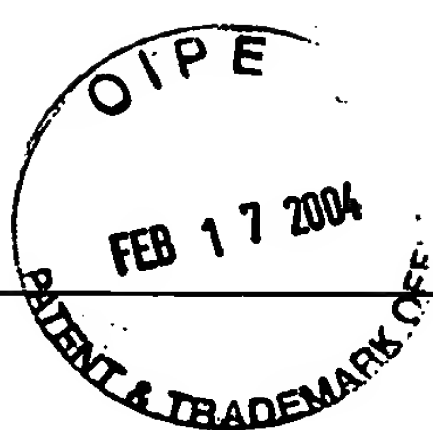
PIPER RUDNICK LLP

Feb 17, 2004
Date



Steven B. Kelber
Attorney of Record
Registration No.: 30,073

Perry E. Van Over
Registration No.: 42,197



FEE TRANSMITTAL

Docket No.	9491-013-27
Serial No.	09/138,091
Filing Date	AUGUST 21, 1998
Inventor(s)	CAMELLIA W. ADAMS, ET AL.
Group Art Unit	1647
Examiner	LORRAINE SPECTOR

TOTAL AMOUNT OF PAYMENT	\$1,330.00
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1. ☐ Applicant claims small entity status.

☒ Charge any **UNDERPAYMENT** or credit any **OVERPAYMENT** in the indicated fees to Deposit Account No. 50-1442.

☐ Charge the indicated fees to Deposit Account No. 50-1442.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
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2. ☒ Check enclosed.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge-late filing fee or oath							
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet							
1053	130	1053	130	Non-English Specification							
1251	110	2251	55	1-mo. ext. of time							
1252	420	2252	210	2-mo. ext. of time							
1253	950	2253	475	3-mo. ext. of time							
1254	1480	2254	740	4-mo. ext. of time							
1255	2010	2255	1005	5-mo. ext. of time							
1401	330	2401	165	Notice of Appeal							
1402	330	2402	165	Appeal Brief							
1403	290	2403	145	Request for Oral Hearing							
1501	1330	2501	665	Utility/Reissue Issue Fee							\$1,330
1502	480	2502	240	Design Issue Fee							
1504	300	1504	300	Publication Fee							
8001	3	8001	3	Advance Copy of Patent							
1460	130	1460	130	Petitions to the Commissioner							
1202	18	2202	9	Claims in excess of 20							
1201	86	2201	43	Independent claims in excess of 3							
1203	290	2203	145	Multiple dependent claim, if not paid							
1204	84	2204	43	*Reissue independent claims over original patent							
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent							
SUBTOTAL (1)						\$0.00					
2. EXTRA CLAIM FEES											
tot. claims		-	20*	=	0	x	\$18	=	0		
ind. claims		-	3*	=	0	x	\$86	=	0		
<input type="checkbox"/> Multiple Dependent Claims					\$290	=					
SUBTOTAL (2)						\$0.00					
* or number previously paid, if greater; For Reissues, see above						SUBTOTAL (3) \$1,330.00					

Name	Steven B. Kelber	Registration No.	30,073
Signature		Date	February 17, 2004
Name	Perry E. Van Over	Registration No.	42,197
		Telephone	202-861-3900